



## In-Service eLearning Registration Form

WASHINGTON STATE CRIMINAL JUSTICE  
TRAINING COMMISSION  
19010 1ST AVE S  
BURIEN, WA 98148-2055  
206-835-7300  
Fax 206-835-7924

### I. USER INFORMATION

Name in Full: (Last, First, Middle)	Social Security Number:	Birth Date: (Month, Day, Year)
Current Title:	Home Phone:	Work Phone:
Email Address:		

### II. AGENCY INFORMATION

Agency Name:	Phone Number:
Name of Agency Authorizing Authority:	Title of Agency Authorizing Authority:
Mailing Address:	Authorizing Authority Email Address:

Signature of Applicant:

---

Signature of Authorizing Authority:

---

### III. WSCJTC USE ONLY

Username (Account):	
Account Creation Date:	Password:

Send the completed form to:

Leanna Bidinger  
WSCJTC  
19010 1<sup>st</sup> Avenue South  
Burien, WA 98148  
Fax: 206-835-7924  
Email: [lbidinger@cjtc.state.wa.us](mailto:lbidinger@cjtc.state.wa.us)

Warning: a peace officer who knowingly falsifies or omits material information on an application for training or certification to the Commission may be subject to decertification (RCW 43.101.105).